

9118

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
 FILL OUT ALL BLANKS.
 AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH

County Graham
 District Pima
 Town " "
 City " "

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 409

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 26Local Registrar's No. 5

No. 26 (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Lenna M. Donald

PERSONAL AND STATISTICAL PARTICULARS

SEX Female Color or Race White Indian Black Chinese Mexican
 SINGLE MARRIED WIDOWED or DIVORCED
 DATE OF BIRTH August 16 1916
 (Month) (Day) (Year)
 AGE 12 yrs. 0 mos. 0 days hrs., or 0 min.
 If less than 1 day

OCCUPATION
 (a) Trade, profession or particular kind of work Infant
 (b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) Pima Arizona

NAME OF FATHER Leonard M. Donald

BIRTHPLACE OF FATHER (State or country) Indiana

MAIDEN NAME OF MOTHER Jella Dodge

BIRTHPLACE OF MOTHER (State or country) Arizona

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Lenna M. Donald

(Address) Pima Arizona

PLACE OF BURIAL OR REMOVAL Pima Cemetery

DATE OF BURIAL OR REMOVAL August 17 1916

UNDERTAKER " " ADDRESS " "

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 16 1916
 (Month) (Day) (Year)

I hereby certify, that I attended deceased from 191 to 191; that I last saw h. 191 alive on 191, and that death occurred on the date stated above at 191 M. The DISEASE or INJURY causing

Death was as follows:
Lived about twelve hours.

(Duration) 12 yrs. 0 mos. 0 days

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY

(Duration) 12 yrs. 0 mos. 0 days

(Signed) Dr. R. C. Dwyer

Aug 17 1916 (Address) Pima Arizona

*Deaths from VIOLENT CAUSES state (1) MEANS OR INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death 12 yrs. 0 mos. 0 ds. In Arizona 12 yrs. 0 mos. 0 ds.

Former or Usual Residence

Filed 8/16 1916 Mrs. R. C. Dwyer

Local Registrar

Filed 9/6 1916 W. E. McWHIRT. M. D.

County Registrar